

**PERM QUESTIONNAIRE –
EMPLOYEE (BENEFICIARY) INFORMATION**

UNIVERSITY PERSONNEL - FACULTY AFFAIRS | UPD 3rd Floor

ATTN Christie Martinez | christie.martinez@sjsu.edu

Tel: (408) 924-6670 | Fax: (408) 924-2425

Please complete with the most current required information so that we can file an accurate labor certification application on your behalf.

► Personal Data

1. Legal Name
Family/Last Name _____ Given/First Name _____ Middle Name _____
2. Other Names Used
Family/Last Name _____ Given/First Name _____ Middle Name _____
3. Date of Birth _____
4. Date of Last U.S. Arrival _____ I-94 # (Arrival/Departure Document) _____
5. Passport # _____ Date Passport Issued _____ Date Passport Expires _____
6. Current Nonimmigrant Status _____ Valid until _____
7. Country of Birth _____ City of Birth _____
8. Country of Citizenship _____

► Current Address

Failure to report a change of address within 10 days to USCIS is punishable by fine or imprisonment and/or removal. <http://www.uscis.gov/files/form/ar-11.pdf>

9. Street Address _____ City _____ State _____ ZIP Code _____
10. Home Phone # _____ Work Phone # _____ Cell Phone # _____
11. Email Address _____

► Employment Offered/ Highest Level of Education

12. Highest Educational Level _____
13. Field(s) of Study _____ Date Degree Conferred _____
14. Name of Institution _____
Street Address _____ City _____ States _____
Province _____ ZIP Code _____ Country _____

► Employment History

15. List all jobs held during the past 3 years. Also list any other experience that qualifies you for the job opportunity for which SJSU is seeking certification. Start with your most recent position.

▪ Job 1

Employer Name _____

Street Address _____ City _____ State ____ ZIP Code _____

Type of Business _____

Job Title _____ Number of hours per week _____

Start Date _____ End Date _____

Job Details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc.
Include supervisor's name and phone number put in a job instruction)

▪ Job 2

Employer Name _____

Street Address _____ City _____ State ____ ZIP Code _____

Type of Business _____

Job Title _____ Number of hours per week _____

Start Date _____ End Date _____

Job Details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc.
Include supervisor's name and phone number put in a job instruction)

▪ Job 3

Employer Name _____

Street Address _____ City _____ State ____ ZIP Code _____

Type of Business _____

Job Title _____ Number of hours per week _____

Start Date _____ End Date _____

Job Details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc.
Include supervisor’s name and phone number put in a job instruction)

▪ Job 4

Employer Name _____

Street Address _____ City _____ State ____ ZIP Code _____

Type of Business _____

Job Title _____ Number of hours per week _____

Start Date _____ End Date _____

Job Details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc.
Include supervisor’s name and phone number put in a job instruction)

Signature of Applicant ▼

Date ▼

Please return this completed form and all supporting documents to

Christie Martinez

San José State University | Office of Faculty Affairs | UPD 3rd Floor

One Washington Square, San José, CA 95192-0046

USA

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